Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-28-07</u>	Address:	3401 N Arms Pl	
Case #:	<u>32-27501</u>		W Terre Haute, IN	
County:	<u>Vigo</u>			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other;	
Items Found: Location (hedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: <u>Ditch</u>				
Water Reactive Metal (Lithium): <u>Ditch</u>				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
		•		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other: <u>Tip</u>	
This report is to be faxed to the following agencies that serve the location:				
Fire Depart	ment: New Goshon VFD	Fax: N/A		
Health Department: Vigo County		Fax: <u>(812)</u> Fax:		
Child Prote	ection Service:	1 ax	-	
For further information regarding this methamphetamine laboratory, contact Investigating Officer; J.D. Goldner / 5228 Phone (812)299-1153				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.